To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON		
1. Print: Oinger Kyritsis Sign: Kyt	street: 4718 Mesker ST City: Schofield zip: 54476	□ Town Village City City (Municipality Name)	1[/16/20 <u>][</u> (Month) (Duy) (Year)	Binger Phone (745		
2. God Hurd Sign: Gail K Hurd	street: 2285 Bonney Dune Dr	Town Willage City Kyrnenwetter (Municipality Name)	11 / 16/20 (vear)	Orhi Phone		
Sign: July Sign:	Street: 704 Michigan Aug IIB City: Stevens Point zip: 54481	Town Village City Secure Point (Municipality Name)	1 /16/20 1 (Month) (Day) (Year)	Email Phone (4/4		
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
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I, Ginger Kyritsis (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 4718 MOSKEY 57 (Circulator's Residence – Street Name and Nu	wnber) (Circulator Muni	cipality)	Circulators,		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Please include your

Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	T
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onna M Egner	Donna M Egner	Street: 4620 W Cty Rd C	Town Silver Village City Calley	// 128/20// (Month) (Day) (Year)	En Ph
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(Name of Circulator) rsonally circulated this recall petition and personally obtained each of the representation with full knowledge of its content on the data indicated exposite his	e signatures of this paper. I know that the signers are electors of the jurisc is or her name. Likew thair respective residence, given a support this jec	diction or district represented by the o	officeholder named in this petition. I know t	that each person signed
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	(
1. Phyllis Aschebrook 2.	Physic aschebook	Street: 1710 Oschid Luz	Trown Ovillage CityRib Mountain	11/25/20 <u>//</u> (Month) (Day) (Year)	Phone (77)
2.	0.3.43	Street: City: Zip:	☐ Town ☐ Village	//20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
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the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
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1. Date the Heben	Det Inthe	Street: W18454 Elm 2d City: Wittenberg WI zip: 54499	Town Village Wittenbery	12/2/20 <u>//</u> (Month) (Day) (Year)	Email Phone		
John Johnkoski, (De	Street: 924 Grant St City: Wausan W Zip: 5748	□ Town □ Village ☑ City □ Town	17/2/2011 (Month) (Day) (Year)	Email Phone		
3. Thomas Goltz	TWOLL	Street: 1630 N. Ist Ave City: Wavsav Zip: 5401	O Town O Village OCity OCity OCITY	12 /2 /20_11 (Month) (Day) (Year)	Email Phone		
Annette Goltz	annette Gall	Street: 1630 NIST AVE City: Way5av WI zip: 57401	Town Village WaUS&U	12 /2 /20// (Month) (Day) (Year)	Email Phone		
5. Kathloon Heller	Kithlen Helle	street: 335 Beaus Eddy Rd. city: Mosinee zip: 54455	Town Village City Berger	/2/2/20 <u>/11</u> (Month) (Day) (Year)	Email Phone		
carol warns	(2) (2) (2) (2) (2) (2)	Street: 404 So 300d FAVO City WOM2012 2125 4901	Town Village(W) W/SQ/	\2\2\\\\2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone		
7. ICEPH SAUTUER	Las S	Street: 1631/2 BURK AUK City: WAUSAU al ZIP: 54401	□ Town □ Village Na City WAUSACI	12/2/20/6 (Month) (Day) (Year)	Email		
8. Joseph A NowAK	J. a Nowah	Street: 3/5 No 9" Ax 54401 City: VYAUSAU XI. zip: 54401	□ Town □ Village 22 City WAUS FILE	/3 /2 /20// (Month) (Day) (Year)	Email Phone		
Bonnie G. Sparr	Bornie H. Dower	Street: N4536 Butternut Lane	Town Village VORRE	(Month) (Day) (Year)	Email Phone		
John Parlyer		Street: 28/9, Spring clashe City: 11/2, 544, Zip: 5440	Town Village City WAUSAU.	13 /2 /20// (Month) (Day) (Year)	Email Phone	<u>~</u>	
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personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers a	are electors of the jurisdiction or district represented by the officeholder	named in this petition. I know that each person signed
e paper with full knowledge of its content on the date indicated opposite his or her name/1 know their respective residences	Styen. I support this recall petition. I am aware that falsifying this certific	ation is punishable under S.12.13(3)(a), Wis. Stats.
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1. Print: Steven Martino Sign: Attre Martin	Street: 605 Katherine St City: Kothschild Zip: 54474	Town Village City Kothschile (Municipality Name)	/ (/ /8/20 // (Month) (Day) (Year)	Email Phone
2. Print: ARLYN LAPORTE Sign: Arlyn LoPorte	Street: 1010 PINE ST City: WAUSAW Zip: 54401	□ Town □ Village ★City WAUSAU (Municipality Name)	///19/20	Email Phone
3. Print Jionne Latorte Sign: Ywonne Latorte	Street: 1010 Pine ST. City: Waysay zip: 54401	□ Town □ Village □ City Waysay (Municipality Name)	/) //9/2011 (Month) (Day) (Year)	Phone (
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sign: Yvonne Latorte Sign: Yvonne Latorte	Street: 1010 Pine ST. City: Waysay zip: 54401	□ Town □ Village □ IMCity	/) /19/20 <u>11</u> (Month) (Day) (Year)	Phone (
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James Jost	Jones Jest	Street: 1723 Judy Dr City: Musiumer Wi zip: 54455	□ Town □ Village The new eneTter □ City	12/2/2011 (Month) (Day) (Year)	Email Phone
Catherine Cheng	CartherineChen	Street: 1814 PODIA - LA City: Waysay zap: 59403	Town Village Waysay	/2/2/20// (Month) (Day) (Year)	Email Phone
MARY ANN KRUEGER	Mary Unn Krueger	Street: 311 S. 6th Ave	Town Village City VVAUSA U	/ 2/042011 (Month) (Day) (Year)	Email Phone
Lynn M. Nolan	Lynn M. Nolan	Street: T828 Split ROPR Ln City: Wansan WI zip: 54403	Village Texas	/2/2/20_// (Month) (Day) (Year)	Email Phone
Rita J. Gau	Pita J. San	Street: 2367 Morningside Dr. City: Mosinee Zip: 34455	DTown Willage Kronen welfer City	12/2/2011 (Month) (Day) (Year)	Email Phone
GERALD E GAU	Grald & Core	Street: 2367 MORNINGSIDE OR City: MUSINEE ZIP: 54435	D Town KVillage KRONEN WENTER D City	12/2/201/ (Month) (Day) (Year)	Email Phone
BERMARID FISHER	Benn Aich	Street: 808 557th St City: WAUSAU Zip: 54403	Drown. U Village WAU SAL	/2/2/20// (Month) (Day) (Year)	Email Phone
Sandra Skalitzky	Sandra Skalitky	Street: 500 Grand Ret 903 City: Walnu Zip: 54403	Town Village City Waysou	/3/2022 (Month) (Day) (Year)	Email Phone
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Mary S. Youngare	Mary Syounga	Street: 3311 N. 146 St. City: Way Say zip: 54403	Town Wallson	12/2/20	Email Phone
steves, mouse	1 Stew Simense	Street: 3/01/NOPHITST	Town O Village Offy O Cify	/2/2/20 (Month) (Day) (Year)	Email Phone
LISA Kermaceik	Iroa Kronik	Street: 414 N Jub Arl City: WANSAU WL zp: 54401	Town Village Cony WAWAU	/2/20/11 (Month) (Day) (Year)	Email Phone
ATRICIAL Olso	aforen J. O.S.	Street: 414 N 2 N N City: (W C U 5 G 4 21p: 5 44/6)	Town Village (J94559)	/Z/2/20// (Month) (Day) (Year)	Email Phone (
Debra Lutze	Debra Ruts	street 3706 Thunderbird	Town City Rub Mounte	(Mouth) (Day) (Year)	Email Phone
Karen Zarada	Faren Juada	Street: 3806 Swan Ave City Drusau zip: 54461	Village Robontoin	12/2/20/1 (Month) (Day) (Year)	Email Phone
lichard Zarada	Pichard Zarale	Street: 3864 Sayan Ave City: Warsaw zip: 54401	City Mountain	/2/2/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Jebra Searl	Dehn Seal	Street: 2505 E. Wausay Ave City: Wasau & Wz Zip: 54403	Na Town Wausan Uillage □ City	/a /2 /20 11 (Month) (Day) (Year)	Email Phone
losh Schlueter	let let	Street: 627 Le Messur NC City: Waysey Zip: 54403	□ Town Wau >とし □ Village ACity	12/2/20 <u>V</u> (Month) (Day) (Year)	Email Phone
Sarah Sehbueze	Lacal Achlustu	Street: 622 he Messurier St. City: Vanson zip: 5440)	Town Village City Wansan	7 2/20 <u>17</u> (Month) (Day) (Year)	Email Phone
dennette	White Certification		pt.7 Esta	ofusau	Circu

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

		TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Barbara Mara	Barbara Mann	Street: 935 9.10+1 Aue City: Waysay Zip: 54401	Town Village City	12/2/2011 (Month) (Day) (Year)
Kathloon Abits	KANILOD JOSE	Street: 4312 Ross Are	□ Town □ City W/P ← The	
1 Millean 1 Jon 2	~ 11 0000	Street: 910 W. UNION HUZ	□ Town □ Village □ City WAPS A V	12/2/2011 (Month) (Day) (Year)
DARRELL ALDRICH	Variety Hyanit	Street: 1620 BUYEK AVE	□ Town	12/2/2011
Allca Withers Jeff Urbans	Auron	city: Wausau zip: 54401 street: 1631 Summit Drive	City WUSALL Town Village	(Month) (Day) (Year)
1000	Too what is	Street: R13463 Luctschwager Drive	City Wausay	(Month) (Day) (Year) /2 /03/2011 (Month) (Day) (Year)
Henry Patter	11. 11.	Street: Pylos 6 Mayflower Lang	Town Village City	$\frac{12\sqrt{2}/2012}{\text{(Month) (Day)}}$ $\frac{12\sqrt{2}}{\text{(Month) (Day)}}$ $\frac{12\sqrt{2012}}{\text{(Year)}}$
LASH BOLON	Jack Resa	Street: Pib Por Super Su	Oriy wasaw	Z / Z / 20_1((Month) (Day) (Year)
Scott LETTER	Snort Leiter	city: Was Sav WI Zip: SUUOZ Street: 1916 GTH STREET City: WAUSAU Zip: 54463	Town Village City AUSAU	12/2/20 <u>11</u> (Month) (Day) (Year)
Ton Loilar	Tana Poita	street: 19110 Loth St	Town Village	12/2/20// (Month) (Day) (Year)

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Barbara Madden	Barbara madden	Street: T841 GOETSCH Rd City: Waysayw1 Tap: 54403	O'City Texas	/3///20 <u>//</u> (Month) (Day) (Year)
Harmony Paratta	Hornony Parate	Street: 823 S. 3rd Aug.	Town Village	/
BARBARA BRESSL	Re Bulow Beerely	Street: 3760 Mount ? Lian av City: Weston zip.54476	D Town Sevillage D City Leston	/2//20 <u>//</u> (Month) (Day) (Year)
Matt Baker	Marsh	Street: 1109 S. ofth Acc.	O Town O Village City Chusan	/ J //2011 (Month) (Day) (Year)
Tom Belongia	Mus	Street: 3320 N 12 3 Street City: Warsar WI 72: 54403	Town Village City Vausav	12 // /20 // (Month) (Day) (Year)
RICKY Schmiller	thay bur	City: Wassav WI zip: 54403	∐ Village	/2/ //20// (Month) (Day) (Year)
502 Schmiler	goe Smale	Street: W9V9WW1 52 24463	Village W9VSuV	(Month) (Day) (Year)
Dennis lasche	Dennis Corell	Street: 313 5, 39 mil	Prown Stettin	/ Q/ Q/20// (Month) (Day) (Year)
JAMES HOPLITZ	James Keplit	Street: 14135WANEE AVE. City: WAUSAUWi zup. 54403	Town Village Village Way	(Month) (Day) (Year)
Sharon Koplitz	Sharon Koplitz	Street: 1413 Swanee AV:	Uvillage Wausau	12/2/20_11 (Mouth) (Day) (Year)
Jeane He	lator)	of Circulator fy): I reside at 906 N. 10 th Ave. A (Circulator's Residence - Street name and	(Circulator)	y of usau Municipality)
nally circulated this recall petition and personally obt	ained each of the signatures on this paper. I know that t	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this notition. I know t	hat anah nassan alamad

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Gallo

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. ELLEN KAFKA	EllEyho	Street: 1940 RIDER VISTA DR. City: MDS/NCR Zip: S4455	XTown Village October 100 October 100	//29/20// (Month) (Day) (Year)	Email Phone ()
ELLEN AFKA 2. CARY KELLS 3.	San Relle	Street: 3935-N674 57 City: WMUSAU Zip: 54/63	Town Village Waws an	// /30/20// (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
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10.		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name know their respective esidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12 [3(3)(a), With States. (Month) (Day) (Year)

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Joyce	Chekbura	5		, (certify):	: I reside at <u>/42</u>	a Lake Dr.		Town of B	event	
ersonally circulated thi	(Name of Cir		e signatures on this pane		(Cir	culator's Residence - Street	name and Number)	(Circulator I	Municipality)	
e paper with full knowle	edge of its content on the date in	idicated opposite h	us or her name. I know t	heir respective resid	dences given. I support	this recall petition. I am aware the	nat falsifying this certification	is punishable under S.12	13(3)(a). Wis, Stats.	
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Lois E. Paba		street: 3/05 Eagle Ave. city: Wausau, wi zip: 5440/	XTown Village City X M .	(Month) (Day) (Year)	Email Phone
RichARDS PAPA	Richard S. Jana	Street: 3105 EAGLE AUE City: WAUSAU UII 7219: 54401	Oxfown Utillage City The Ma	// //8/20// (Month) (Day) (Year)	Email Phone
John E. Stuplich		Street: 208 Moonlite Ave City: Wausan WI zip: 54401	CXTown O'lllage City R.b. Mt.	(Month) (Day) (Year)	Email Phone
sara L. Shplich	Sold	street 208 Moorlife Are city: Wangali Wi 21pt SHKI	Trown City Rib Mt	11 /20/2011 (Month) (Day) (Year)	Email Phone
Paula M. Stuplish	2 Bulan Shiplian	street: 208 moonlite Jul city: Wallsau zip: 5401	Town Village Rt b M+.	11 /20/2011 (Month) (Day) (Year)	Email Phone
6. Meluin Stuplich	Charles of the same of the sam	Street: ZOB MOONLITE AUE City: WAUSAU Zip: 54401	Diown City R. b Mt	11 /20 /20 11 (Month) (Day) (Year)	Email Phone
naistine Bremer M	man Pomen	Street 3-909 Pint Sigki City: Wangen Zip: Surgo	Otiy Ch M+	(Month) (Day) (Year)	Email Phone
8. Adam Heil	A Way	Street: 2619 Gorth St. City: Waysay zip: 54403	Town O'Village O'City WOUSAU	11/23/20 <u>11</u> (Month) (Day) (Year)	Email Phone
"Hannah Heil	2/1/1/	Street: 2019 Garh St City: Wansan zip: 54403	Town Village WAUSAU	JJ /23/20 <u>11</u> (Month) (Day) (Year)	Email Phone
Stephen F Riggle	Style Ryle		Prown Village City R. 6 M/	12/1/20_11 (Month) (Day) (Year)	Email Phone
Annmarie Blo			Av Town of	Ris Min	Circula

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12, 13 (19) at wis states. Page No. (Official Use Only) (Signature of Circulator) (Month) (Day) (Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

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1. Amanda	amanda.	Street 2055 TOWER Rd.	Town Village MOSINCC	12/2/2011	Email
Muetzer	Mutt	city: Mosinec zip: 54455	City Plus IIIC	(Month) (Day) (Year)	Phone ()
2. Robert	RLIND	Street: 2804 MADON NO	□ Town	12/2/2011	Email
Muetzal	he has	city: WOUSAK Zip: SYYOL	Hecity WANSON	(Month) (Day) (Year)	Phone ()
3. David Casey	000	Street: 2207 Mount View Blod	☐ Town	10/0/204	Email
	165	chy: Wansay Zip. 54403	Willage Wausau	(1 / 2 / 20 <u>U</u> (Month) (Day) (Year)	Phone ()
4. Whitee	Whitree	Street: W1779 Huill	□Town	12/2/2011	Email
Cepeleo	Cercle	cay: Medferd ziji 54451	Village VV COHETCA	(Month) (Day) (Year)	Phone ()
5. Johanna	Oshawa	Street: W1779 Hwy 641	☐ Town	12/2/20/1	Email
capelle	Capelle	chy: Malford WI zip: 54451	City Med ford	(Month) (Day) (Year)	Phone ()
«Sarah	Dian	Street: 1014 5 15t AVE	☐ Town ☐ Village	12/2/2011	Email
Cook	Car	city: W 1891 zip: 5440	Mocity Waysau	(Month) (Day) (Year)	Phone ()
Fric Leffel		Street: 1614 5 154 AVE	□ Town	12/2/2011	Email
	Charles Charles	ais: waysan w (zip: 54610)	SCity (c c c c c	(Month) (Day) (Year)	Phone ()
8.	1000	Street: 173 Old Huy SI	□ Town ∪ ′	12/2/2041	Email
Pot Jerzak	Pat Jerak	city: MUSINE SRJS4455	Ocity Mosence	(Month) (Day) (Year)	Phone ()
9.	(Q-, -, n)	Street 2300 Brich St # 242	Town C	12/2/20/1	Email
Landi Los	Cox ions	ansignational zip 544760	Schofield	(Month) (Day) (Year)	Phone ()
Briting Fremming	(m) ()	Street: 718 N 1871 St	☐ Town ☐ Village \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/2011	Email
Dilliand Ligition		city: WCUSAU zip: SUUU	City WOUDOW	(Month) (Day) (Year)	Phone ()
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onally circulated this recall petition and personally obta	tained each of the signatures on this paper. I know that the	the signers are electors of the jurisdiction or district represented by the residences given L support this recall petition. I am aware that falsifying	a officeholder named in this natition. I leave the	hat and	Phone (7/

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1.		street: 3507 Mt View Ait	□ Town □ Village (12/ 2/2011	Email	
Richard Kort	Richard Kort	city: Schofiald zip: 54476		(Month) (Day) (Year)	Phone () .
2.	10 , ()	Street: 8806 Brian Dr	□ Town ▼ Village	13/3/201	Email	
Linda Lueatke	Idunda Juedio	City: ROTHSMIN Zip: 544H	acity to the chikk	(Month) (Day) (Year)	Phone ()
3.	20.	Street: 488 1/2 Chicago	Town VI	12/2/2011	Email	
Mary Lager.	Many Lager	City: WQUSQU, 54463	City	(Month) (Day) (Year)	Phone ()
4.	,0,0	Street: 1219 1527	☐ Town ☐ Village	12/2/20//	Email	
Mayne Hanson	Warn House-	City: Marysay Zip: 5463	City / hUSAU	(Month) (Day) (Year)	Phone ()
5.	1. 1. 11	Street: 3912 assland ave	□ Town □ Village	12/2/2011	Email	
Magian Harding	Med Produce	City: Worse Zip: 54403	Scity Davza	(Month) (Day) (Year)	Phone ()
6.	10 10	Street: //30 Grand Ave #4	□ Town □ Village	12/2/2011	Email	
James Holmes	and Homes	City: Waysay 21p: 54403	Prity Wausau	(Month) (Day) (Year)	Phone ()
7.	Van ni Halan	5 Hay Grand Ano HU	□ Town □ Village	12/2/2011	Email	
Phillis Holmes	Khilles Holora	City: 11) a USav Zip: 54403	Waysay	(Month) (Day) (Year)	Phone ()
8. M (S) (S)	Missi Scharan	Street: 248 Wintree Dr.	□Town	12/2/2011	Email	
Marcia > champ	Mara snay	city: Warsen zin	Willage Waysau	(Month) (Day) (Year)	Phone ()
9.		Street: 716N.134 St	□ Town	12 /2 /2011	Email	
Jean Waldman	(Xan / aldman	city: Wansky zip: 54403	Village Wallsan	/2 /2 /2011 (Month) (Day) (Year)	Phone) ·
10.	D. I I I I I I I I I I I I I I I I I I I	Street: 716 N. 13+115+	ПТома	17/7/2011	Email	
HAT HUN WALDMAN	Wollin-	City: WAVSAV 210: 54403	Scity WAVSAU	(Month) (Day) (Year)	Phone	
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Robin L. Puyleert	Kebin & Puylent	City: Pothschild Zip: 54474	6 city Rothschild	(Month) (Day) (Year)	Phone (
7. LEROY DUMONSON	La Durantes	Street: 2770 ICH ROAD City: MOSINEE Zipu 54455	Town Willage KRINEN WETTER City	12/1/20 <u>[[</u> (Month) (Day) (Year)	Email Phone
SCOTTA KRAUSE	Scott A have	Street: 1050 SUNDANCERD City: MOSINEEWI SYYSSI	Town Kronenweller	12/1/2011 (Month) (Day) (Year)	Email Phone
9. Roger Lan	Roge In	Street: 1824 Wood Chuck Lave City: MasiNee Wi zip: SuyEs	Brown Ovillage City Bergin	12/1/20// (Month) (Day) (Year)	Phone (
Trone Withhelt	Drow Jung	Street: 2544 Gary Loc Dr City: 1/16gines Zip: 54455	City Kronen wetter	/3 / /2011 (Month) (Day) (Year)	Email Phone
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onally circulated this recall petition and personally obten with full knowledge of its content on the date indi	tained each of the signatures on this paper. I know that	ify): I reside at (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know the ng this certification is punishable under S.12.	Municipality) hat each person signed 13(3)(a), Wis. Stats.	Circulo
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Joe Racine	Joe fores	street: 29 Alexander #104 cty: Rothschild zip: 54474	Town Rotshild	/2///20// (Month) (Day) (Year)	Phone (715) 30
2. Sie Carole Volovsek	(Jue Erol Volovset	street: 603 South 85th 54403 City: Waysay zap. 54403	XTown Wausau □ Village □ City	12 // 20 11 (Month) (Day) (Year)	Email Phone (715) 84
3. Rhonda Olson	Rhonda Olson	Street: 709 Shemondook Rd. City: Wansay zip: 54 403	Town Village City Warms are	/a//20/1	Email Phone (115)
DOWALD FRISQUE	Donald D. Frenjus	Street: 1845 JAYNES RD City: Mosinee, WI zip: 54455	Town Avillage Kronensetter	(Month) (Day) (Year)	Email Phone ()
5. Saren Davis	Haren Davis	street: 2207 Hemlock Ave city: Scholield Wizip: 54476	Town Straight Rothshild	12/1/20 <u>11</u> (Month) (Day) (Year)	Email Phone
Don Binkowski	Donald Benkowski	City: Schofield 1/ zip: 54476	Town Village Schoffeld)2 / / /20 <u>//</u> (Month) (Day) (Year)	Email Phone
JAMES Martin	Jun, MIT.	Street: 311 Bicker ST. City: Rethschild WI zip: 54474	Town Styllage Reflective	12/1/20// (Month) (Day) (Year)	Email Phone
8. Brandt D Wirlook	Bet Ini	Street: 306 Gaylee Hree City: Rothschuld WI Zip: 54474	Town Pyillage Rothschuld	(Month) (Day) (Year)	Email Phone
9. ANDY HEPHNER	- any Hephone	Street: 506 CHERRY ST APTIL City: MCINEE, WI. Zip: 54455	Town Uillage BCity HCSINEE	(Month) (Day) (Year)	Phone ()
Michelle L. Daly	Michelli firsh	Street: 4021/2 Sth St. City: MDSine W7 Zip: 54455	☐ Town ☐ Village	/ 1/201/ (Month) (Day) (Year)	Email Phone ()
personally circulated this recall petition and personally obte paper with full knowledge of its content on the date indicated (Month) (Day) (Year)	nulator) btained each of the signatures on this paper. I know that the dicated opposite his or her name. I know their respective	tify): I reside at	A Number) (Circulator Me officeholder named in this petition. I know the dring this certification is punishable under S.12.	Municipality) that each person signed 2,13(3)(2) Wis State, official Use Only)	Circulators, please Phone

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Claine m. Breske	Elaine M. Braske	street: N419 Wishbone lance City: Hatley w zip: 54440	grown Ship of Dillage Norrie	/2/2/20/1 (Month) (Day) (Year)
David Berndt	David Bernott	street: 8215,215t Place City: Waysay zip: 54461	□Town Wausau □Village ⊠City	12/2/20 <u>11</u> (Month) (Day) (Year)
	* .	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
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· Lori Davidowski	Rose Davellowski	Street: 186801d Hwy51 City: MOSi'Nel zip: 54455	City Kronenwetler	/2/2/20_// (Month) (Day) (Year)	Phone (7/5)	
Lori Davidowski 2. GARY BILberts	Day Gilberts	Street: 211 N 120+1 AUR City: MARATHON Zip: 54448	Strown Village STETTIN	/2/2/20_11 (Month) (Day) (Year)	Phone (8/5)	
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()	
4.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ()	
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Jefferey R. (Name of Circu	Certification (of Circulator ify): I reside at 822 Fairway Drive (Circulator's Residence - Street name ar	MOSINCE (Circulator N	Municipality)	Circulators, p.	

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Jefferey R.	Certification of Circulator Ange (certify): I reside at	Fairway Drive	Mosinee
(Name of Circul I personally circulated this recall petition and personally obta the paper with full knowledge of its content on the date indice	ator) (Circ ined each of the signatures on this paper. I know that the signers are electors of the ated opposite his or her name. I know their respective residences given I support	culator's Residence – Street name and Number) e jurisdiction or district represented by the officeholder nam	(Circulator Municipality) ned in this petition. I know that each person signed on is punishable under S.12,13(3)(2) Wis. Stats.
$\frac{12}{\text{(Month)}} / \frac{2}{\text{(Day)}} / \frac{20 \text{//}}{\text{(Year)}}$	(Signature of Circulary	i)	Page No. (Official Use Only) #
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY:	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Marquardt	John A. Marquardo	Street: 4402 Decator Dr. City: Wansan zip: 5440)	Town Village City Main &	11/26/2011 (Month) (Day) (Year)
2. Marisha Thao Chang	maresha J. Chang	Street: 1300 N. 9Th AVE. APT. 10C City: Wausau, WI Zip: 5440	Town Say	11 /27/2011 (Month) (Day) (Year)
Thao Chang	The China	Street: 1300 N 9th Ave APT LOC City: Wausau zip: 54401	Town Usillage	11 /27/20 <u>11</u> (Month) (Day) (Year)
Xai Chang	Kai Chaug	Street: 1227 JACKSON ST City: Waysay, W1 zip: 54403	Town Village 11) All I C/A I A	[1 27 20 11 (Month) (Day) (Year)
5. LOU Her	Low tier	Street: 1227 Jackson ST- City: 1040/524,W1 zip: 54403	Town Wavsay	// /2#20 <u>//</u> (Month) (Day) (Year)
xia Her chang	X'a Herchang	street: 719 winton St. City: Wausau, WI zip: 54403	Town Village Way Say	/27/2011 (Month) (Day) (Year)
7. Charles Krsch	Minthery	Street: 7402 Red Bud Road City: Warson zip: 54401	Town Village R. b Mountain	11 /25/20_11 (Month) (Day) (Year)
8. Debra Kisch	Theo & Krisch	Street: 7402 Red Bud Road City: Wausau, Wl zip: 54401	Stown Village Rib Mountain	// /30/20 <u>//</u> (Month) (Day) (Year)
9. Joan Kirsch Gak	Jose Ackersel Juk	Street: 400 Guiter A Juk City: Manager Street Street: 400 Guiter A Juk Zip: 544 Juk	Town Village City City	(Month) (Day) (Year)
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I, the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

Return

office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.								
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Gordon Weiler	Sordon Weiler	Street: 6104 CABrAdOR Rd, City: Weston WI Zip: 54476	D Town Syillage El City Westor	(// 3/20_// (Month) (Duy) (Year)	Email Phone			
Amanda Fisher	amada Zin	Street: 43/1 Schose cld Rue 779 City: Schose eld zip: 54476	Town Ovillage ACity Schosteld) 1/3o/2d. (Month) (Day) (Year)	Email Phone			
CARRIE Stotler	CA. Still	Street: 1803 Everest Ave.	D Town Myullage City WESTON	// /30/20// (Month) (Day) (Year)	Email Phone			
Limbuely FSher	Hymborles Jose	Street 599 Colembus S.T.	Town Village	13020 (Month) (Day) (Year)	Email Phone			
ResA Petroski	Besa Petrosm	Street: 1/245 14 th Ave City: Wausauwis zip: 54401	Town Village W City Wausau	///30/2011 (Month) (Day) (Year)	Email Phone			
Beth Porter	Bothyadas	Street: 403 hearn St City: Rothschild wi zip: 54474	Drown Rothschild	// /30/20_// (Month) (Day) (Year)	Phone ()			
"Lisa Lokensgard	Lua Skonse	Street: 2106 Summit Aye City: Schofield WI zip: 54476	Drown Willage Rothschild	11 /30/20 <u>//</u> (Month) (Day) (Year)	Phone ()			
& Kristine Fonti	Kustin Forth	street: 9407 cedar Parkst City: Kothschild zip: 54474	Town & Dr. City Roth) (h. 18		Email Phone			
Elyse Davies	Elyse David	Street: 5407 Chery DC City: Weston zip: 54476	Drown DWillage City	/2/2011 (Month) (Day) (Year)	Email Phone			
Devid Wenke	Ordown	Street: 2605 Joseph Hue City: 6075 Len zip: 511476	□ Town Avillage □ City	11 /3C/2011 (Month) (Day) (Year)	Email Phone			
PAUL A M	Certification of Circulator							
(Name of Circulator) (Name of Circulator) (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulators, please i								

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her pame. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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JANET M. LATTYAK	Janet 4 Satisfale	street: 1918 Clarbeith St.	Town Village Schofield	////8/20 <u>11</u>	Email Phone	
Marlene T. Seeley	Marline 1 Suley	Street: R20 180 Bambi Dr City: Ringle WI Zip: 574471	SyTown Utillage City Rengle	/1//9/20_// (Month) (Day) (Year)	Phone (
Caitlin Seeley	Carri Seeles	Street: 7011 Feith Ave City: Weston, WI zip: 5447 6	Town Willage City Weston	11/24/20_11 (Month) (Day) (Year)	Phone (
Brad Seeley	La Seely	Street: No 76/1 Feith Ave	Town Village Veston	1 / 14/2011 (Month) (Day) (Year)	Phone (
5. Michael Seeley	Mechan Section	street: R20780 Bambi DR. City: Ringle Zip: 54471	XTown Village City Ringle	11/24/20 <u>11</u> (Month) (Day) (Year)	Phone (
THERESA M. LEONER	Thisosa M. Legner	Street: 925 Weaneckird City: Mosenec U/2 21p: 54455	Town Willage Manenwetter	1//27/20_1/ (Month) (Day) (Year)	Phone (
7. Anna M. Gresch	Anna M. Tresch	Street: 1200 Goldenrod 04 City: Waysan WI Zip: 54401	Town City Rib Mt.	$1(\frac{1}{20}\frac{4}{20}$	Phone (
8. Allen I Gresch	Affrench	Street: 7200 Goldenad A? City: Warson W Zip: 8461	De Town O Village City	(Month) (Day) (Year)	Phone (
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
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	(Name of Circule	ator)	(Circulat	or's Residence – Street name and	d Number) (Ci	irculator Municipality)
I per	rsonally circulated this recall petition and personally obta	ined each of the signatures on this paper. I k	now that the signers are electors of the jur	isdiction or district represented by the	officeholder named in this petitio	n. I know that each person signed
the p	paper with full knowledge of its content on the date indicate	ated opposite his or her name. I know their re	espective residences given. I support this i	ecall petition. I am aware that falsifyi	ing this certification is punishable	under S.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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Maider Vang	A Cuo o	Street 3014 Sternbers Ave Apt (City: NOton Zip: 55476	DTown SVillage WESTON	12/2/2013 (Month) (Day) (Year)	Email Phone)
2-Jillian Janikowsk	organilmen.	Street: 0504 Pied Riger Lane, City: Waysay () zp.54403	Town Village WallSau	/2/2/20/1 (Month) (Day) (Year)	Email Phone)
3. Centis mistorias	GUL G	Street: 705 1/25 3 MV2 City: War Saw 210: 5440\$	Town Uvillage Questy Was User	/2/Z/20 <u>1</u> (Month) (Day) (Year)	Email Phone)
6. GERARD BUEHLER	Theward Beally	Street: H13522 1.7 Ro41 City: W.fusAu 719: 57403	題Town □ Village □ City Hewi #	/2/2/20// (Month) (Day) (Year)	Email Phone)
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aar or ten!	ciovan tent	Street: BRO4 1 MM St City: ManSau zip: 54461	Town Village & Gh Cat	/1 /2 /20LL (Month) (Day) (Year)	Email Phone)
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paper with full knowledge of its content on the date indic (Month) (Day) (Year)	ated opposite his or her name know their respective r	he signers are electors of the jurisdiction or district for resented by the endepresented by	officeholder named in this petition. I know the ng this certification is punishable under S. 12. 1	at each person signed 3(3)(a), Wis. Stats	Pho	. (

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

office pursuant to Article XIII, Section 12 of	f the Wisconsin Constitution and S.9.10 of	the Wisconsin Statutes.	The second of solution rules	Cunoway nom	POE		
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
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1. Yvonne Finary	Yvonner Ferang nanngt flaten	street: 203 Greenwood Rothschild zup: 54474	Town Milage Rothschild	(Month) (Day) (Year)	Email Phone //5		
2. Nances Flath	hannst flath	street: P2170 Ctg.Rd.Q city: R: ng le zip: 5+47	Town Village Ringle	(Month) (Day) (Year)	Email Phone L/L/Lo		
Karen Kellbach	Karen-Kellbach	Street: 502 KNOX 5T. City: WallSale zip: 54401	Town Village Wallsau	// 29/20 <u>1/</u> (Month) (Day) (Year)	Phone (7/5) (
CLAYTON BLOM	Clayte Bla	Street: 1709 STARK ST. City: WAUSAU zip: 54430	Town Village QCity WAUSAU	12//20/1 (Month) (Day) (Year)	Email Phone		
6.	,	Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone		
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I pers	sonally circulated this recall petition and personally obtain	ained each of the signatures on this paper. I	I know that the signers are electors of the jur	isdiction or district represented by the	e officeholder named in this	petition. I know that each person signed
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Brian J. Rohland	Buan J. Rohland	Street: 3269 Fortridge In City: Marchien zip: 54448 Street: 9155, 944 AUE City: W445A4 zip: 54401 Street:	STOWN ☐ Village ☐ City CCSSC	/2 /2 /20// (Month) (Day) (Year)	Phone (7/5	<u></u>
PAULF. MISSEYT	Paul J. Missell	Street: 9155, 944 AUE City: W445A4 Zip: 54401	□ Town □ Village □ City □ WAUSAU	12/2/2011 (Month) (Day) (Year)	Phone (7/)	<u> </u>
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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10.	Donna Hanagar	n 20~	Hange	wausau	Mas St		□ Town □ Village ♂ City ルネロSac	12/2/20/1/ (Month) (Day) (Year)
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I personally ci the paper with	rculated this recall petition and person full knowledge of its content on the d	nally obtained each of the signature late indicated opposite his or he	s on this paper. I know that the signed I know their respective residen	gness are electors of the juri	sdiction or district re ecall petition. I am a	epresented by the of ware that falsifying	ficeholder named in this p this certification is punish	
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Vorgert Pazybyl	ski Moulet Prystyla	Street: 575 RISS H3 City: Schofreld Wi zip.54476	Town O Village Schofield	/2/1/2011 (Month) (Day) (Year)	Email Phone
LENC PRZY bylsk.	arlene przyaski	Street: 515 Ross AVc. 54496 City: Schoffeld zip:	D'Village City S chotied	/2 / /20/11 (Month) (Day) (Year)	Email Phone
Brian Mades	R. Man	Street 631 Ridgeland Ave, City: Schofield zip: 54476	Urillage Schofield	(Z / I / 2011 (Month) (Day) (Year)	Email G31 Victory Phone (Z/5
WAYNE SOUKUP	Wagne Soukup	Street: 5/2 Mordand 54476 City: Schofield zip:	Urillage ScHOF KILD	12 /1 /20 <u>/</u> (Month) (Day) (Year)	Phone (
Mile Wisneske	沈山	street: 711 Ribland Ava	Urillage School edd	2 /1 /2011 (Month) (Day) (Year)	Phone (
Tim Belchi	Timey sk	street: 2703 Jelineth AVE City: Weston W: Zip: 54476	Village Wisfor	2// /20_// (Month) (Day) (Year)	Phone (
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the	ersonally circulated this recall petition and pers paper with full knowledge of its content on the	e date indicated opposite his or her name. I k	ow their respective residences given. I suppo	the jurisdiction or district represented by the this recall petition. I am aware that falsify	e officeholder named in this perfition. I know the ing this certification is punishable under S.12.	at each person signed 13(3)(a), Wis. Stats.	(2/3
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1. T	00012	Street: 6412 Quentin St	□ Town Solitage	12/01/2011	Email
JOSEPHM WATSON	Joseph Milation	City: Weston zip:54476	Brillage Oct Weston	(Month) (Day) (Year)	Phone
- John V	York A.	Street: 8404 Margaret	☐ Town ☐ Village	12/01/2011	Email
DIMMENNEIN	Lew hunder	City: Rotheshild zip: 54474	Beity Notice	(Month) (Day) (Year)	Phone ()
3. Michael W.	Males W.	Street: 9506 New 2011	Town Thillage Western	12/1/20/1	Email Phone
4.5: 511	+ Airen	Chy: UCSTON Zip: S49/6		(Month) (Day) (Year)	()
4. Erics. Krause	5	Street: 1752 Town Hall FD	Ovillage Mosiner	12/1/2011	Email Phone
5. \ aariosid	And the second of the second o	City: MOSINEC Zip: 54455	City (I.M.	(Month) (Day) (Year)	
5. Leavard	Leonard C. L.	street: 1721 JACKIE FP	Town Stillage City Kronemeter	12/1/20_1\ (Month) (Day) (Year)	Email
6. Canalysan	Demark Cylin	Cay: MOSINES WI Zap: 54455		(wionin) (bay) (Year)	Email
Candigee Cunifor	Condac	Street: 1721 UOCK-0 FJ City: 1705 1108 zin: 54456	Town Village City Kranuellar	$\frac{12}{\text{(Month) (Day)}} \frac{1}{\text{(Year)}}$	Phone
7.	7	City: Zip:		(Monta) (Day) (Tear)	Email
		Street:	☐ Town ☐ Village	/ /20	Phone
8.		City: Zip:	☐ City	(Month) (Day) (Year)	()
		Street:	☐ Town ☐ Village	/ /20	Email
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9.		Street:	□ Town	1 /20	Email
		City: Zip:	□ Village □ City	/ 20 (Month) (Day) (Year)	Phone
10.		Street:	□ Town	1 1	Email
		City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
Carolyn	Lertification of	of Circulator fy): I reside at 5203 High Ride	ge a. Village		

10			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone
10.			Street:		☐ Town ☐ Village	/ /20	Email
			City:	Zip:	City	(Month) (Day) (Year)	Phone
	Carolyn	Michal Ski	ification of Circulator, (certify): I reside at	103 High K	Pidge Ch. Vil	lace of Weston	1 ,
ersonally circulate paper with full l	(Name of Circled this recall petition and personally of Circled the date in	brained each of the signatures on this pane	er. I know that the signer are electors of	Sirculator's Residence - Street na f the jurisdiction or district represented	11 4 67 1 14 44 44	(Circulator Municipality) petition. I know that each person signed	Circ
[2]	/	dicated opposite his or her name. I know t	ligh Which	dolese	falsifying this certification is punish	hable under S.12.13(3)(a), Wis. Stats.	
(Month)	(Day) (Year		(Signature of Circula	ator)		#	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Betsey LaPointe	Bessey Lapoince	street: 8400 Von Kanel city: Scholield/Westor zip: 54476	Town Village City Weston	12/1/2011 (Month) (Day) (Year)
Linda L Kennedy	Liel & Kennels	Street: 303 Birch St. City: MOSinga zip: 54455	□ Town □ Village	/2///20 <u>//</u> (Month) (Day) (Year)
Sandra Mc. hkr	Sandi Chlar	Street: 1758 Bergen Rd City: 11/0511122 21:5495-	Town Uillage City City Control City Control Control	/2///20/1 (Month) (Day) (Year)
June L. Green	Sindi Chlar Sundi Chlar June & Breen	street 19 Schmidt AM cinRothschul zip: 54474	Town Willage Rothschild	12/1/20 <u>/1</u> (Month) (Day) (Year)
Nelda J. Gibbs	Helde J Gills	street: 8400 Von Kanel St. City: Weston Zip: 54476	Town Exvillage City Westor	12/1/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

(Signature of Circulator)

(Month)

(Day)

S.12.13(3)(a). Wis. Stats.

Official Use Only)

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Please include your co

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 256 Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE CONT (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email Town ☐ Village ☐ City Phone ☐ Town ☐ Village City 11/30/2011 Phone (7/5)☐ Town ☐ Village **N.**City 11/30/2011 Phone (115 Email ☐ Town Print: MARUIN OBSCHERWING ☐ Village **E**KCity 11/30/20_11 Month) (Day) (Year) MEDFURD Phone (715)zap: 54451 CIN: MEDFURD Email ☐ Town ☐ Village Street: 810 Nova LW City 番 11 /30/20/1 (715)

	Certification of Circulator		j
I, LAURA ZULEGER, (certify): I reside a	N2218 Cardinal Dr.	Town of Little Blace	Circulators.
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)	Please include you
I personally circulated this recall petition and personally obtained each of the signamed in this petition. I know that each person signed the paper with full knowle recall petition. I am aware that falsifying this certification is punishable under S. (Month) (Day) / 20 // (Signame) (Signame)	edge of its content on the date indicated opposite his or her name. I kn		Phone (7/5) Email

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print AROUNE RADLINGER Sign: Calolin Radling 2.	Street: WS849 Pheasant RunRoad City: MedFord zip: 54451	Town Village City (Municipality Name)	11 /21/20_11 (Month) (Day) (Year)	Email Phone
Sign: KATHRYN LOSIEWICZ	Street: W10218 Anderson Rd. City: Withee Zip: 54498	STown O'Village O'City (Municipality Name)	11 /21/20 <u>11</u> (Month) (Day) (Year)	Phone (
Sign Julie A. Klemm	street: W3477 Hwy. 64 City: Medford 21p: 54451	Martown □ Village □ City	11 /38/20 <u>11</u> (Month) (Day) (Year)	Phone (
Sign: Jim G KALMON Sign: Jim Y Kalmon	street: W8484 Blacken Ave	Town Village City Molitor (Municipality Name)	/1/28/2011 (Month) (Day) (Year)	Phone (715)
5. Print: Scott J Hudak Sign: Scott J Hudak	Street: 520 Lemke Ave	□ Town □ Village A City MeHord (Municipality Name)	11 /30/20_11 (Month) (Day) (Year)	Phone ()
(Printed Name of Cl rculator)	Certification of Circulator (Circulator's Residence – Street Name and Num		ipality) p	Circulators, Please include your coi
I personally circulated this recall petition and personally obt named in this petition. I know that each person signed the p	stained each of the signatures on this paper. I know that the signers are electors apper with full knowledge of its content on the date indicated opposite his or h	s of the jurisdiction or district represented by the	officeholder	r none

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If petition. I am aware that falsifying this certification is pu	nishable under S.12,13(3)(a), Wis. Stats.	00000
$\frac{1}{\text{(Month)}}$ $\frac{30}{\text{(Day)}}$ $\frac{20}{\text{(Year)}}$	Laura Zuleger (Signature of Circulator)	Page No. Cometal Use Dats) 1-

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
DAYID LINDSTRUM	Day Lighten,	Street: 4711 RIB RIVER TR. City: WANSAV WI Zip: 5449	□ Town □ Village □ City (U, AUS & V	12/2/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Kevin Saal	D 12/	street: 545 South Sloth Aver #6	DTown Village Waysay	(A) (A) (20 (Year)	Email Phone
Sharon Zunker	Thoron	Street: 27408 Forest Killing Rd City: Waysau, Wi zip: 57403	D Town D Village MCity	12/2/2017 (Month) (Day) (Year)	Email Phone
BEV RUSSEll	Ber Rysself	Street: 1309 Bristan Hill Rd City: Waw Saw Wi zip: 54401	Town O'Village Stoth N	1 H 2/20//	Email
Carol Pond	Caux Dand	Street: 230 N. 18th Sf City: Wausau zij: 54403	Town Village City Warsan	(12/20/11 (Month) (Day) (Year)	Email Phone
WILLIAM CONUAY	aff Comes	Street: 222 RADTKE ST. City: SCHOPIND, WI Zip: 54476	Town Village SCHOFIED	12 /2 /20 1 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	//20	Email Phone
).		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone

, Marsha H. Kruzan	, (certify): I reside at 1221 5. 50th Ava. #	City of Waysan
(Name of Circulator)	(Circulator's Residence - Street name and Number	(Circulator Municipality)
personally circulated this recall petition and personally obtained each on the paper with full knowledge of its content on the date indicated oppositions.	of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officehold site his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this cert	for named in this metition. I know that and a second
$\frac{\cancel{2}}{(Month)} / \frac{\cancel{2}}{(Day)} / \frac{20//}{(Year)} -$	(Signature of Circulator)	Page No Orfigi De 3.12
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Chris Weems	ch Llen	Street: 708 Fulton #104 City: Waysay Wt zip: 54403	D Village Waysey	1 / 15/20 <u>i/</u> (Month) (Day) (Year)
Reindy F	amending	Street: 709 GCSPSt S. City: Word Man 21p. 5-440	□ Town □ Village □ City □ Village	(Month) (Day) (Year)
Julie Nea	Julia Men	Street: 1140 W. Bridge St #1B City: WAUSAU WI ZID: 54401	口 Town 口 Village 路 City しんいろい	///5/20 <u>(/</u> (Month) (Day) (Year)
Randy Burgoyne	Lardy Burgoger	Street: 708 Fulton 312 City: Waus'qu zip: 5440	□ Town □ Village ☑ City □ V V S	///5/20 <u>//</u> (Month) (Day) (Year)
Robert BELLER		Street/11 Cog et ST	O Town S S O City Market	(Month) (Day) (Year)
Shirley Schwar	Shirly Schwarz	street: 709 Kent St. City: WauSau zip: 54403	Town Village XCity City Construction	1//5/20 <u>1/</u> (Month) (Day) (Year)
Patricia Roberts	PatricialCoperts	Street: T128 Hunte Hgts Rd City: Wallaw WL 21p: 54403	City LACS	11 / 15/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ♥ ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
(Name of Circu	chwartz, (ce	ertify): I reside at(Circulator's Residence - Street name an at the signers are electors of the jurisdiction or district represented by the		Municipality)

of Senator Pam Galloway from office pursuan	t to Article XIII, Section 12 of the Wisconsin Constitution a	and S.9.10 of the Wisconsin Statutes.	mion for the recan	PO Box 2
THE MUNICIPALITY US	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		Madison
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co
1. Felen R. White Print thelen Signification R. White	Street: 2100 Townline Road JUIS City: Wewson zip: 54403	□ Town □ Village □ City (Municipality Name)	1/ /2/ 20_// (Month) (Day) (Year)	Phone
Print: BRIAN TOMSKI Sign: BUCH TOWST	Street: 407 5th 5t City: MOSINEE Zip: 54455	Town Village OCity MOSINEK (Municipality Name)		Homs Phone
sign Judy Bargerder	Street: 1914 Eva Ld Apt 4/2 City: Mysurel Zip: The	City (Municipality Name)	// 50/ 2550 (Month) (Day) (Year)	Phone () E
4. Print: Jacqueline Torrel sign guguelne Torrel	Street: 407 STh City: Mounu Zip: 54453	Town Usiling Decity (Municipality Name)	///3v/20 <u>/(</u> (Month) (Day) (Year)	Phone (7/3
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
	City: Zip:			

NAME & SIGNATURES OF ELECTORS	Rural address must also include box or fire no.	(Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Helen R. White Print: Helen Sign Helen R. White	Street: 2/00 Townline Road /4/15	□ Town □ Village □ City (Municipality Name)	1/2/20 <u>//</u> (Month) (Day) (Year)	Phone
2. Print: BRIAN TOMSKI Sign: BUCh Tomsh	Street: 407 5th St City: MOSINEE Zip: 54455	Town Village SCity Work Control	// /3-/20_11 (Month) (Day) (Year)	Homs Phone
sun Judy Bargerder	Street: 1914 Eva Rd Apt 4/2 City: Physical Zip: Du	City (Municipality Name)	// 50/ 27540 (Month) (Day) (Year)	Phone
sign arqueline tornel	Street: 407 STh City: Mounu Zip: 54953	Town Uvillage City (Municipality Name)	///3t/20	Phone (7/S
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone (
	Certification of Circulator			
(Printed Name of Circulator)	(certify): I reside at 705 18 m Street (Circulator's Residence – Street Name and Numbrained each of the signatures on this paper. I know that the signers are elected paper with full knowledge of its content on the date indicated opposite his or	ors of the jurisdiction or district represented by th	cipality) te officeholder ten. I support this	Circulators, Please include you Phone

recall petition. I am aware that falsifying this certification is punishable under S.12-13(3)(a), Wis. Stats.

(Year)

(Signature of Circulator)

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 2 Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CO NAME & SIGNATURES OF ELECTORS Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town □ Village
□ City 11 /2 4/20 11 (Month) (Day) (Year) (Municipality Name) (715 □ Town ☐ Village **™**City (Municipality Name) city: WOUSAU 3. Town ☐ Village (Municipality Name) (715 Fown ☐ Village (TIV Town ☐ Village ☐ City (Municipality Name) A. Shire (certify): I reside at_ MOSINER

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know the	at the signers are electors of the jurisdiction or district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of its content on the date in	dicated opposite his or her name. I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under S.12_13(3)(a), Wis. Stats.	N

(Circulator's Residence - Street Name and Number)

(Month) (Day)

(Circulator Municipality)

Circulators,

Please include you

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co
1. Print: Sherry L. Matsche	Street: T6601 Co. Line Rd	Frown City Texas	////6/20// (Month) (Day) (Year)	Email
Sign Line Street	City: Merrill Zip: 5445Z	(Municipality Name)		(
Print: Olet Rager	Street: 543 S. Ag RD O	N Town U Village City	1/1/420_4	Email
Surlager	City: MOSINOR, W/ Zip: 54455	(Municipality Name)	(Month) (Day) (Year)	Phone
3. Print: Dana Nash	Street: 510 Ross Ave,	□ Town □ Village City	11/16/2011	Phone
sign: Dana Wash	cuy: Wausau zup: 54403	Wausau (Municipality Name)	(Month) (Day) (Year)	(
4. Patti A. Shire	Street: 705 /8th St.	□ Town □ Village ■ City	11/17/2011	Email
Sign: Tatte a Shren	City: Mosinee Zip: 54455	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print: WILLIAM ShireR	Street: 405 18th Street	☐ Town ☐ Village ☑ City	11 / 1/2014	Email
Stgn: William R. Shirey	city: MOSINE Zip: 544.55	(Municipality Name)	(Month) (Day) (Year)	Phone (
	Certification of Circulator			
I, Patti A. Shirer, (Printed Name of Circulator)	(certify): I reside at 705 18th St. (Circulator's Residence – Street Name and Nu	umber) (Circulator Muni	ee - City icipality)	Circulators, Please include you

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/	18	/20 [Patti a. Shue	Page No. (Page 14 Only)
(Month)	(Day)	(Year)	(Signature of Circulator)	#i

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

fice pursuant to Article XIII, Section 12 of the	he Wisconsin Constitution and S.9.10 of	the Wisconsin Statutes.			,	POE
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONT
1. Kay Pel	Han Pel	Street: 1210 Pine St. City: Wassan Lut zip: Styld	Town Village City Carpan	(Month) (Day) (Year)	Email Phone	
2.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone)
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	<u> </u>
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
Shink Solar	Certification	of Circulator	1 110,000	7.1. C.F.		

				Street:	·	☐ Village		/ /20	
				City:	Zip:	☐ City		(Month) (Day) (Year)	Phone
7.				Cuy:	Др:	☐ Town			Email
				Street:		Village		/ /20	
				City:	Zip:	☐ City		(Month) (Day) (Year)	Phone (
8.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*			□ Town		1 100	Email
				Street:		— □ Village		/ /20	Phone
	4.			City:	Zîp:	☐ City		(Month) (Day) (Year)	(
9.						□ Town		1 1	Email
		·		Street:		→ Village		/ /20	70
				City:	Zip:	☐ City		(Month) (Day) (Year)	Phone (
10.						□ Town			Email
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	hinley Schi	war the	, (certi	fy): I reside at	ITPAT ST.			au - Lity	Circulator
	(Name of Circul				or's Residence – Street name a			or Municipality)	Phone
ersonally circulated	this recall petition and personally obta wledge of its content on the date indic	ained each of the signatures or	this paper. I know that the	he signers are electors of the juri	sdiction or district represented by t	he officeholder nar	ned in this petition. I known	w that each person signed 12 13(3)(a) Wis State	<u> </u>
	\sim	ated opposite his ordicipanie			can pention. I am an are that such	, ing and comment			Emai
<u> 10</u> 1.	/ <u>20/</u>	T SIW	uly XX	(Signature of Circulator)			Page No.	~000	LSS
(Month)	(Day) (Year)		J	(Signature of Circulator)			#		
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1.		Street: 627 Scott St.	☐ Town	11/16/20/1	Email
Natalia Gohdes	natalia Lohdes	City: Waysay, W/ zip. 54403	Skity Wausace	(Month) (Day) (Year)	Phone ()
2.		Street: 3202 N. 13 th St.	☐ Town ☐ Village	11/16/2011	Email
William V. Cernys	- William V. Corony to	Civ. Wausau, Wi 24, 54403	Tot City . 1	(Month) (Day) (Year)	Phone ()
3.	7	Street: 3202 No 13th St.	□ Town □ Village	11/16/20/11	Email
JoAnne Cerny	Joanne Cerny	ciy: Wausau WI zip: 54403		(Month) (Day) (Year)	Phone ()
4.	7/	Street: 916 n. 5th are	□ Town □ Village	11/16/2011	Email
Karen toley	Karen toley	city: Wawan Wh zip: 54401	Willage W Wall	(Month) (Day) (Year)	Phone ()
5.		Street: 3708 N 108th HVE	Town Village 7 3	11/16/2011	Email .
Darreil & Tunker	Mancal Lander	City: Waysay W, Zip: 54401	City Stattin	(Month) (Day) (Year)	Phone ()
6.	asamor jeres .	(0011 C+00 + 4)	□ Town ☑ Village	1/ //6/20//	Email
HAROLD A PETERS	Hand a Peters	Street: 5809 PERGE 51 City: WISTOA) Zip: 54476		(Month) (Day) (Year)	Phone ()
7.		Street: 90B MC/NTOSH 5T	Птомя	1/ /16/20/1	Email
DAVID DERBY	Ward Vierly	City: 4/A45A4 Zip: 54403	Village WAUSAY	(Month) (Day) (Year)	Phone ()
8.		Street: 908 MC INTOSH ST	□ Town	11/16/20/1	Email
Shirley Derby	Shirley Derbay	City: WAUSAU 21:54403	Village WAUSAU	(Month) (Day) (Year)	Phone ()
9.	Mila	Street: 3400 N 14th Ave	Town	11/16/20/11	Email
Michael Heise	Mul Li	City: Wausar WI zip: 54401	City Maine	(Month) (Day) (Year)	Phone ()
10.	,	sured: 2807 Bittersweet Ct	Town Uillage	11/10/20//	Email
Laura Clark	Laura Clark	City: WaySay VI zip: 5444	City MOSINE	(Month) (Day) (Year)	Phone ()
- 0 -1	Certification	- 11 K A A	1-1 07/1	1. 1.	
Jett Johnson		ify): I reside at 4522 Evrest Valley Kd.	My of Williams	Municipality)	Circulators, p
(Name of Circul personally circulated this recall petition and personally obta the paper with full knowledge of its content on the date indic	ined each of the signatures on this paper, know that	the signers are electors of the jurisdiction or district represented by the residences given I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know t	that each person signed	Phone (

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

the paper with full knowledge of its content on the date indicated opposite his orther name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day)

(Year)

Return by
Committee
PO Box 25

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY!	S BE LISTED.		Madison,
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT
1. Mary Lucareli	Muful-	Street: 91 Steuben Street City: WaySay zip: 54403	Town Village WallSall	(Month) (Day) 2011	Email Phone ((15) 84
2. **LeRoy Guralski	Herry Buralski	Street: 1801 S. 50th Mor Apt 4 City: Wallall zip: 54461	Town O yillage Waysay	11/30/20// (Month) (Day) (Year)	Phone 7	
7erra Lee Guralski	Terra Les Junalski	street/001 S. 50+12 Ave Apt 4 city: Wausau Cut zip: 54401	Town Village Wausau	// /20/20// (Month) (Day) (Year)	Email becn Phone 71	,e.g.1001 15)29
4.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone)
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone)
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone)
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone)
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone)
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone)
Christopher (Name of Circul	Ah San, (cert	rtify): I reside at (Circulator's Residence – Street name and the single street of the initial street of the stree		· Municipality)		lators , please in Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Comm PO Bo

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no		DATE OF SIGNING	
David Armstrung	~ W	Street: 404 bayled AVE	Village Rothschild	1. //C / 20. Phor	davi
· / /		city: Rothschild zip: 544	4 74 City	(Month) (Day) (Year)	(
		Street:	☐ Town ☐ Village	/ /20Ema	mail
		City: Zip:	☐ City	(Month) (Day) (Year) Phon	one (
			□ Town	/ / Ema	Jail
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		City: Zip:		(Month) (Day) (Year)) lier
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		City: Zip:	☐ City	(Month) (Day) (Year)	me (
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			□ Village □ City	(Month) (Day) (Year) Phor	.one
		City: Zip:	D.T	Ema	nail (
		Street:	☐ Town ☐ Village ☐ City	/ /20 Phor	none
		City: Zip:	□ City	(Month) (Day) (Year)	(
	•	Street:	☐ Town ☐ Village	/ /20 Ema	ail
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		•	□ Town	/ / Ema	.ail
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		City: Zip:	□ City	(Month) (Day) (Year) Phor	ne _(
		Street:	□ Town	/ /20 Ema	ail
	·		□ Village □ City	(Month) (Day) (Year) Phor	one
· .	Certificati	on of Circulator			
en M. Bauer	Cumano	(certify): I reside at 1000 50 4ve #9	9 Wausau		
(Name of Circu		(certify): I reside at 1000 · No File File (Circulator's Residence – Stree	(Circulator	r Municipality)	Circu

(Signature of Circulator)

(Month)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	JTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE 1 STREET & NUMBER OF RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	<u> </u>
	1	Rural address must also include box or fire no.	(Indicate Town, City, or Village)	JAME OF BIGHTING	
LOVE PHELO	Soic Without a	Street: 1101Phtal	X Town Ovillage City RID MY NOTA	2 2/20_1	Email Phone
103011300	the succession	City: WOUSOW, W) Zip: 50K/01	- KIDITONDIN	(Month) (Day) (Year)	(
Swah MacFarland	Smal Murdelani	Street: 842 Pinedale Cany City: MOSINEL 22p: 54455	DTown Svillage Kronenwetter City	/2/2/20 <u>1/</u> (Month) (Day) (Year)	Email Phone
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip: J (195		, , , ,	Email (
		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
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		Street:	☐ Town ☐ Village	/ /20_	Email
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An Ones 181 ones a se	Certification of				
Megan Werner (Name of Circulate	, (certify	y): I reside at 1937 EVA Rd. (Circulator's Residence – Street name of	Kronenwet	tex	Circulat

(Month)

(Day)

(Year)

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

THE MUNICIPALITY USED FOR MAILING PRINTED NAMES OF ELECTORS	I					
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RU Rural address must also include	JRAL ROUTE ie box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Heather Duesselmann	Duesselmann	Street: 2504 Iris L	ane	Town Rib	12/2/201	Email
Ullesselmann	Duesselmann	on: Wausau, WI	zip:54401	City Mountain	(Month) (Day) (Year)	Phone (
		Street:		☐ Town ☐ Village	/ /20	Email
		Сиу:	Zip:	City	(Month) (Day) (Year)	Phone (
	1	Street:		☐ Town ☐ Village	/ /20	Email
	i	City:	Zip:	□ City	(Month) (Day) (Year)	Phone (
		Street:		☐ Town ☐ Village ☐ Circ	/ /20	Email
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	-	Street: City:		☐ Village☐ City	/ /20(Month) (Day) (Year)	Phone
		City:	Zip:	☐ Town		Email (
: 1	<u> </u>	City:		☐ Village☐ City	(Month) (Day) (Year)	Phone
		Street:	Zip:	□ Town		Email (
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		Street:	Евр.	□ Town	 	Email (
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		Street:		☐ Town	1 /20	Email
		City:	Zip:	☐ Village. ☐ City	/ /20 (Month) (Day) (Year)	Phone
Monny Mornor	Certification of				<u> </u>	
Megan Werner (Name of Circulator recirculated this recall petition and personally obtained rith full knowledge of its content on the date indicated		fy): I reside at 1937 EVQ I	Rd. Ince – Street name and	Kronehw	setter	Circu

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senate

	THE MUNICIPALITY USED FOR MAILIN	of the Wisconsin Constitution and S.9.10 of the Purposes, when different than municipal.	of the Wisconsin Statutes. ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	petition for the recall of Senator Pam		
$\overline{}$			JITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	INICIPALITY OF RESIDENCE MUST ALWAY	YS BELISTED.	}
1.	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
2.	Dolo Stoinfest	KrisWngg	street: 3603 Caleb Dr city: Westa WII zip: SU471,	Town	\∂/∂/20∐ (Month) (Day) (Year)	Email Phone
3.	Deb Steinfest	Debraff Sterfed	Street: 714 W- Landolph Street: Wangau 210: W/	Town UNSAW	/2/2/20// (Month) (Day) (Year)	Email Phone
4.			Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
			Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
5.			Street:	☐ Town ☐ Village ☐ City	/ /20	(Email
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	Megan Werner	Certification of , (certify	of Circulator fy): I reside at 1937 EVA R cl # 55 M cs	osinee Kronenw	10 ktor	
dly circ	(Name of Circulator	tor)				Circulate
with ful	A knowledge of its content on the date indicated	d each of the signatures on this paper. I know that the dopposite his or her name. I know their respective res	(Circulator's Residence – Street name and ne signers are electors of the jurisdiction or district represented by the of esidences given. I support this recall petition. I am aware that falsifying (Signature of Circulator)	officeholder named in this petition. I know th	nat each person signed (3(2)(4), Wis Stats.	Pho
(Month)	(Day) (Year)	1001. 10010	(Signature of Circulator)	Page No. (C	JUU-Z-U Official Use Only)	Ema

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS STRATURES OF RURAL ROUTE Rural address must also include box of fire no. MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) City Cheed) (1027) City Cheed) (1027) City Cheed) (1027) City City Cheed) (1027) City City	THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU		S BE LISTED.	*
Street	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS			DATE OF SIGNING	
Street:	PamelaFinch	Palkfiner	Street: 327 N 745 Aix. City: Wansan Zip: 5440	→ □ Village/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Z/Z/2011 (Month) (Day) (Year)	Phone (
Street:			Street:	→ Village	· · · —	
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U Town / Email			Street:	→ Village	1 ' ' —I	
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			City:	Zip:	L CRy	(Month) (Day) (Year)
	,	Cer	tification of Circulator	1-11	3	
I,	Margaret Get-	zin	, (certify): I reside at $\frac{H\delta}{\delta}$	LKolter St.	Wausa	24
	(Name of Circ	ulator) '	(Circ	ulator's Residence — Street name a	nd Number) (Circular	tor Municipality)
l pers	onally circulated this recall petition and personally of	tained each of the signatures on this pap	per. I know that the signers are electors of the	e jurisdiction or district represented by th	ne officeholder named in this petition. I kno	ow that each person signed
the pa	aper with full knowledge of its content on the date inc	icated opposite his or her name. I know	their respectifie residences given. I support	his recall petition. I am aware that falsify	ying this certification is punishable under S	.12.13(3)(a), Wis. Stats.
	12 1 02 120 11	Mangaex	Sonin		Page M	Official Ose Only)
	(Month) (Day) (Year)		(Signature of Circulator	7)	#	# (Official Ose Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committe

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL'	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	INICIPALITY OF RESIDENCE MUST ALWAYS	(S BE LISTED.	,	PO Box 2 Madison,
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT
1. Teanette Carlson	Jeanette Carbon	Street: 903 Rosecrans City: Ways au Zip: 54401	Town Village Way Sau	12/64/2011 (Month) (Day) (Year)	Email Phone	
Danely tow &i	parehilowski	Street 97350. 1075 AVE.	Town Village Wall Sall	(Month) (Day) (Year)	Email Phone)
3. Theresa Krawtsch	Theresatrantch	Street: 408 1. 15 AD Apt 2 City Warson Zig 54401	Town Village Village	12/2/201/ (Month) (Day) (Year)	Email Phone	
4. Brad Mueller	Bred Muello	Street: 1001 Elm Street City: Warbar Zip: 54401	Town Village Waysav	12/2/2011 (Month) (Day) (Year)	Email Phone	
Jannie Hamsing	Ham Thurney	Street: 701 /2 E/M St. City: Wausau Wizip: 54401	Town Village Whushu	/2/2/20_// (Month) (Day) (Year)	Email 14 Phone	ORa
Kerry Crass	Kerry Crass	Street: 12125. 124 Ave City: Way Say zip: 4,5 I	Town Willage Wau Sau	(Month) (Day) (Year)	Email Phone)
Dearna Weis	Das Win	street: 1003 Wintenst.	Town Way Say	[2/2 /2011 (Month) (Day) (Year)	Email Phone)
*Steve Weis	87/10	Street: 1003 Winton St City: WAUSAU Zip: 54403	Town Village NA. S. A.	12/2/201/ (Month) (Day) (Year)	Email Phone)
9. Box ther	Be The	Street: 7/4 E/m st. City: Warsaw wi zip: 54481	□ Town □ Village ☑ City	/2/2/2011 (Month) (Day) (Year)	Email Phone	
Cuysful Schmit		street: 6503 Cang law toofton City: western 415 zip: 54476	Town Wes 107	/2/2/20// (Month) (Day) (Year)	Email Phone)
Schware or circu		of Circulator jify): I reside at	nd Number) (Circulator M	Coal of V	Nhithan	tgrs, please incli
personally circulated this recall petition and personally obtate paper with full knowledge of its content on the date indiction (Month) / (Day) / 20 (Year)	ained each of the signatures on this paget. I know that a rated opposite his or her name. I know their respective;	(Circulator's Residence'—Street name and the signers are electors of the jurisdiction of district represented by the residences given. I support this recall petition. Lam aware that falsifying (Signature of Circulator)	ne officeholder named in this petition. I know the ying this certification is punishable under S.12.	that each person signed (1) (1) Stats Official Use Only)	Ph6	
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PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	JTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	TICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
mode Paterson	Mille	Street: 123 W LACY HORE Pd	Strown 5/e//in □ Village □ City	12/2/2011 (Month) (Day) (Year)
horses Pasnecker	Charle Propel #	Street: 1130 Prospection	Town WAUSAU Village	12 /2/2011 (Month) (Day) (Year)
Scott KLeiber	Soft Hole	City: W = U = Q W W # Zip: 34963 Street: 1090 S T	□ Town □ Village City WAUSAU	(Month) (Day) (Year)
fum Ostraush		00 - 110 4 440	Town Of Village Di City Weston	12/0/20 <u>1</u> (Month) (Day) (Year)
Stephanie Raasch	Stephania Rasal	Street: 3407 Calch Sa City: Weston WI Zip: SYMb	Town Village City WEST	12 /20/1 (Month) (Day) (Year)
Kariwierdoa	taulyer	Street 5907 Heath ST. City: Western WI zip: 54476	Dillage Clesson	12/2/201 (Month) (Day) (Year)
Geather Parker	Ball	Street: 1) 1 9. 5 1 1/2 City: Ways & 21p: 5440 56	Town Village Wau Sau	/1/20/// (Month) (Day) (Year)
Ryan Bloom	lyan Bloom	Street: 969 18th St. City: Mosing Zip: 511455	U Town U yillage City Mos. NU	(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
Samuel (Certification (cert		1 Klosen ():11	Con of
(Name of Circula	tor)	(Circulator's Residence - Street name and	Number) (Circulator A	Iunicipality)

			City:	Zip:	Li City		(Month) (Day) (Year)
	5-00101	Certific	ation of Circulator		. 16	1 . [1]	
<u> Ա</u>	Jamou C	\(\X\\\\(\)	, (certify): I reside at	123 1	AC KACK	A A A	Coods
	(Name of Circulator)			rculator's Residence – Si	reet name and Number)	Circulator M	
personally co he paper with	irculated this recall petition and personally obtained each full knowledge of its content on the date indicated opportunities.	of the signatures on his paper I le	now that the circurate Ala alastale of	ha indiadiation de disculat			
			Separation respectives given pumpun	tenis recan active in Tanzaw	are that fairlying this certificat		
(Mon	$\frac{1}{1} \frac{1}{1} \frac{1}$		(Signature of Circulat	tof)		Page Po. (b)	idial ist only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
Teresa Sether	Den Sett	Street: T1236 Pine Bluff Rd City: Wausau, WI ZIp: 54403	O Village Texas	12/2/2011 (Month) (Day) (Year)	Email Phone	<u>S</u>)
2 Lynette Anderson	Synthe Inderse	Street: 1122 Holub St. City: Waysay W1 zip: 54401	Town Village Wallsall	/ 2011 (Month) (Day) (Year)	Email Phone	
Mark Webb	mark Webb	Street: 4903 Aspin St. City: Weston zip: WI	Village Weston	12/53/20_11 (Month) (Day) (Year)	Email Phone	
*Kayla Bourn	Kayla Baum	Street: 4903 Aspin WI City: Weston zip: WI	City Weston		Email Phone)
Angela Dopke	and Rolly	Street: 318 5 8th Ave City: Gausar wt zip: 54401	O Town O Village O City LAUSAU	12/2/20/1 (Month) (Day) (Year)	Email Phone)
Coxtube Chek	Coctan Clark	City Althu WK zip: GHU	D Town Stillage City City City City City City City City	13-103-12011 (Month) (Day) (Year)	Email Phone	
Dana-topologisty	Dates Englidital	Street: 1906 Little Rib Cu City: Wansau WT zip: 54401	Orown Oillage Stottin		Phone (
"In Whiteer"	Cen Whitves	Street: 435 M. Hh Arl City: NUUSGU, WI Zip 5441	Town Village Wall Gu	/3 /2 /20// (Month) (Day) (Year)	Email Phone	
"Crystal Green	Cupal Green	Street: (gO) Katherine St City: Rothschild WI zip: 54474	Town Willage Rothschild	/2/Z/20/1 (Month) (Day) (Year)	Email Phone	
10. John Pre	May four	Street: 840 Bristers Hill City://ansau zipku401	Nown Village Stellin	/2/2/20// (Month) (Day) (Year)	Email Phone	
Samuel (Name of Circu	lator)	fy): I reside at	Walking Circulator M.	ge of Whit	Circulato	/ O rs , pt
personally circulated this recall petition and personally obterpaper with full knowledge of its content on the date indicates the content of the	nained each of the signatures on his paper. I show that catch opposite his or her name, the witheir respective	the signers are electors of the jurisdiction or distributed assented by the reptile of the purisdiction of an aware that falsifying the property of the proper	officeholder named in this petition. I know in ng this certification is punishable under S. 12.1	at each person signed (3(3)(a), Wis. Stats.	Phor Ema	(

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS 1.	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Pere Weigley	Jan Mu	Street: 3603 CALBS DR- City: W65TON 24p: 54476	Town Willage City WESTON	12/02/2011 (Month) (Day) (Year)
	1	Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip:	□Town	(Month) (Day) (Year)
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City ☐ Town	(Month) (Day) (Year)
		Street: City: Zip:	☐ Village ☐ City	/ 20 P
		Street:	☐ Town ☐ Village ☐ City	/ /20E
		City: Zip: Street:	□ Town	(Violitin) (Day) (Year)
		City: Zip:	☐ Village ☐ City	/ /20 Pi
	· · L	Street:	☐ Town ☐ Village ☐ City	/ /20 E
		City: Zip:	☐ Town ☐ Village	(Month) (Day) (Year) E
Phil		city: Zip:	□ City	(Month) (Day) (Year)
(Name of Circulate	, (cert	ertify): I reside at 208 West Mille	and Number) (Circulator M the officeholder named in this petition. I know the ffying this certification is punishable under S.12.1	Greenwood

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of So

1.	SIGNATURES OF ELECTORS	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ERIKA MUTPHY	Enter Murphy	cir. Wousam Tip. 544B	□Town	(Month) (Day) (Year)
	, O	Street:	☐ Town ☐ Village ☐ City	/ /20
		Street:	☐ Town ☐ Village	(Month) (Day) (Year) / /20_
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street: City: Zip:	☐ I Own ☐ Village ☐ City	//20
		Street:	☐ Town ☐ Village ☐ City	/ /20_
		City: Zip: Street:	☐ Town	(Month) (Day) (Year)
	,	City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20_
		City: Zip: Street:	☐ Town ☐ Village	(World) (Day) (Year)
	c	Zip:	☐ City	(Month) (Day) (Year)
			☐ Town ☐ Village ☐ City	/ /20
	sı	Street:	☐ Town ☐ Village	/ /20
Robert Lew	Certification of	City: Zip: True True True True True True True True	City	(Month) (Day) (Year)
(Moure of C:	, (certify):	y): I reside at	11en City d	Greed wood)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Unda Bust	Lynda Brust	Street: 1410 11th Ave City: Edgar zip: 54474	Crown Cib Falls	/2/2/26[(Month) (Day) (Year)	Email
Kelly Henke	Kean Hanke	Street: 1803 MACAW AVE	Town Pib MTN	12 /2 /20 11 (Month) (Day) (Year)	Emai
Aaron Wulk	totale	Street: 737 Bertha 5t. City: Wausau zip: 54403	Town Usillage Wasse	/2 /2 /20 ((Month) (Day) (Year)	Emai
Les Vuegus	LES VIERGUTZ	Street: 3264 SZYMANA LA City: Wallsay w 2/1/8	Town Utiliage City UKUSAU	/2/2011 (Month) (Day) (Year)	Ema
JOEL GOYLET	Lordsonte	Street: 1234 5 127H AVE	Town Village WAUSAU	/2/2/20// (Month) (Day) (Year)	Ema
Wick Leininger	Nn Zi	Street: 11/2 Arthur St City: Wanson Zip: 54408	Town Village City Worse	(Month) (Day) (Year)	Ema
T'Neal Kulesa	I Wal Lilley	Street: 429 More land Ave City: Schofield zip: 34476	Town Village Schofield		Pho
hristopher Kulesa	Cekes & Lulu	Street: 429 Moreland Ave City: Schofield Zip 54476	Town Utillage Schofield	[7/2/20] (Month) (Day) (Year)	Pho
KARI BROWN	KariBurn	Street: 23 N 10th Ave 54461 City: Wausau W 12ip:	Town Village Wausau	12/2/20	Ema
Jason Suess	Jason Less	Street: 118 Adrian St City: Wausau WI zip: 51401	□ Town □ Village \$\mathbb{F}\text{City} \text{\$\mathcal{Va\Sample}}\tag{2}	13/3/2011 (Month) (Day) (Year)	Pho
Ilia H. John) cn , (cer	of Circulator 15 lv. Han ceck 5 (Circulator's Residence – Street name an	to chot	Necks Ch. Municipality)	
illy circulated this recall petition and personally of	otained each of the signatures on this planer. I know that	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	officeholder named in this petition. I know to ing this certification is punishable under S.12.	hat each person signed	

I,

(Month)

(Day)